

3673/7
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of)

John E. Mercer)

Serial No: 09/898,989)

Filed: July 3, 2001)

For: BORING TOOL CONTROL USING REMOTE)
LOCATOR)

Examiner: Sunil Singh

Art Unit: 3673

Attorney Docket: DCI-15C2

Date: June 14, 2003

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service in First Class Mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 14, 2003.

Signed: 

Jay R Beyer

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SIR: Transmitted herewith is an Amendment for the above application.

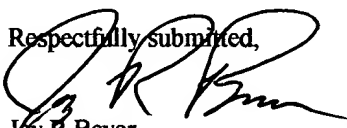
- ☒ Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established
No additional fee is required.
☒ **Postcard included**

The fee has been calculated as shown below:

| | (Col. 1) | (Col. 2) | (Col. 3) | SMALL ENTITY | NON- SMALL ENTITY |
|---|------------------|----------|---------------------|--------------|-------------------|
| | Claims Remaining | | Previously Paid For | Rate | Additional Fee |
| Total Claims | *68 | Minus | **58 | x 9 | \$ 90 |
| Indep. Claims | *42 | Minus | ***36 | x 42 | \$ 252 |
| First Presentation of Multiple Dependent Claim(s) | | | | +140 | \$ |
| * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3. | | | | Total | \$ 342 |
| ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. | | | | | |
| *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed. | | | | | |

- A check in the amount of \$ _____ is attached for presentation of additional claim(s).
Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to 37 C.F.R. § 1.136(a).
A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.
☒ Please charge my Deposit Account No. **19-1685** (Order No. DCI-15C2) the amount of \$ **342.00**.
A duplicate copy of this sheet is enclosed.
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **19-1685** (Order No. DCI-15C2) (a duplicate copy of this sheet is enclosed):
☒ Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.
☒ Any extension or petition fees under 37 C.F.R. § 1.17.

Respectfully submitted,


Jay R Beyer
Registration No. 39,907

RECEIVED

JUN 20 2003

GROUP 3600